

		INCIDENT/INVESTIGATION REPORT						Case# 2015-12899		
		Agency Name Port St. Lucie Police Department		ORI FL 0560200		Date / Time Reported 06/19/2015 01:30 Fri		Last Known Secure 06/19/2015 01:30 Fri		
INCIDENT DATA	Location of Incident 618 Sw Branford Rd, Port St Lucie FL 34983-		Premise Type Residence-single Family		Zone/Tract PS23		At Found 06/19/2015 01:30 Fri			
	#1	Crime Incident(s) Assault / Battery SCA	(Com)	Weapon / Tools HANDS/FIST/FEET			Activity			
				Entry		Exit		Security		
	#2	Crime Incident Ordinance Violation XOP	(Com)	Weapon / Tools			Activity			
				Entry		Exit		Security		
	#3	Crime Incident	()	Weapon / Tools			Activity			
			Entry		Exit		Security			
MO										
VICTIM	# of Victims 2		Type: INDIVIDUAL/ NOT LAW		Injury: None		Domestic: N			
	V1	Victim/Business Name (Last, First, Middle) SALEH, JOY AIMEE		Victim of Crime # 1,	DOB 01/12/1983 Age 32	Race W	Sex F	Relationship To Offender	Military Branch/Status	
	Home Address 851 SOLAZ AVE , Port St Lucie, FL 34983-							Home Phone 772-203-9919		
	Employer Name/Address					Business Phone		Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)									
OTHERS	Type: SOCIETY/PUBLIC		Injury:							
	Code V2	Name (Last, First, Middle) STATE OF FLORIDA		Victim of Crime # 2	DOB / / Age	Race	Sex	Relationship To Offender	Military Branch/Status	
	Home Address							Home Phone		
	Employer Name/Address					Business Phone		Mobile Phone		
	Type: INDIVIDUAL/ NOT LAW ENFORCEMENT		Injury:							
	Code IO	Name (Last, First, Middle) BITETTO, VITANGELO ROCCO		Victim of Crime # 10/09/1964 Age 50	DOB	Race W	Sex M	Relationship To Offender	Military Branch/Status	
Home Address 1484 Se Village Green Drive Port St Lucie, FL 34952							Home Phone 772-398-0065			
Employer Name/Address Good Samaritan Ministries (PASTOR)					Business Phone 772-501-0169		Mobile Phone			
PROPERTY	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (*OJ) = Recovered for Other Jurisdiction)									
	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description		Make/Model	Serial Number
Officer/ID# DALIA, D. (PTRL) (3747)										
Invest ID# (0)					Supervisor HENKEL, T. (CID) (854)					
Status	Complainant Signature			Case Status Exceptionally Cleared 06/19/2015			Case Disposition: Prosecution Declined 06/19/2015			Page 1

Incident Report Additional Name List

Port St. Lucie Police Department

OCA: 2015-12899

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) WI 1	DOWELL, MICHELLE RENAE		01/08/1984	31	W	F
	Address 1199 Country Gardens Ln , Fort Pierce, FL 34982-		H: 772-672-0318			
	Empl/Addr		B: - -			
			Mobile #: 772-429-1320			

INCIDENT/INVESTIGATION REPORT

Port St. Lucie Police Department

Case # 2015-12899

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found						
D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity

Assisting Officers
HENKEL, T. (854), CONNOR, M. (2605), PAPALEO, D. (3743)

Suspect Hate / Bias Motivated: *None*

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2015-12899

Port St. Lucie Police Department

NARRATIVE

REPORTING OFFICER NARRATIVE

Port St. Lucie Police Department

OCA
2015-12899
Date / Time Reported
Fri 06/19/2015 01:30

Victim

SALEH, JOY AIMEE

Offense

ASSAULT / BATTERY

On June 19th 2015, at approximately 0130 hours, I responded to 618 SW Bradford Road in reference to a disturbance.

Upon arrival I met with the victim Joy Amiee Saleh and witness Michelle Ranae Dowell.

Joy told me the following: She is caretaker for the house, and it is owned by a "Pastor Vito" who runs Good Samaritan Ministries. The house is used as a group home to take in various people who need help such as homeless or recovering addicts. A new person named Joan came to live there recently. Earlier in the day Joan tripped inside the house and fell, requiring her to go to the hospital for facial injuries. At the hospital they gave Joan a prescription for pain killers, however the house has rules saying that no prescription pain killers are allowed. Joan came back from the hospital with a cab and Joy asked her if she had a prescription, to which Joan said no. Joy said she did not believe her, and wanted to check her belongings. An argument started and Joan slapped Joy in the face and started to cause a disturbance.

Michelle told me a similar statement, and that Joy was slapped by Joan, and then Joan started to freak out.

I met with Joan Arlene Everly and noticed her right eye socket was swollen, her eye was bruised, and her right forehead was swollen.

Joan told me the following: She fell in the room she is staying in because she tripped from a step down to into the room from the hallway. She had to go to the hospital for her facial injuries, and when she returned, she saw Joy standing at the front door. She said excuse me and tried to walk around her, when Joy slapped her in the face, and pushed her down to the ground. She got up and returned to her room.

Fire rescue responded to evaluate Joan, however she refused to go to the hospital.

There were no witnesses who could corroborate Joan's statements, and Joy did not wish to press charges for Battery. A wavier of prosecution was completed by Joy, and Michelle said she called "Pastor Vito" to come and get Joan.

As Michelle and Joy referred to the residence as a group home, I did not observe a fire suppression system, fire alarm system, fire extinguisher, or emergency exit plan in the house. The house appears to be an undocumented group home, and had multiple unrelated persons living in the home.

"Pastor Vito" who was later identified as Vitangelo Rocco Bitetto arrived to take Joan to another home. During which time I explained that if they were going to run this as a group home, out of safety precautions they would need a fire suppression system, fire alarms, and emergency exit plan. He said that he did not believe he needed them as his "Church" is non-profit. He says that he helps homeless people find a home, and helps people who need a second chance. I explained that he was still liable for the persons in his "Group Home" and that he needed to provide these items for safety and per regulations.

I determined it was an undocumented group home with multiple non related persons living there, and this information will be forwarded to Code Compliance for their review.

Incident Report Suspect List

Port St. Lucie Police Department

OCA: 2015-12899

1	Name (Last, First, Middle) <i>EVERLY, JOAN ARLENE</i>						Also Known As				Home Address <i>17 VIRGINIA PARK BLVD FORT PIERCE, FL 34947 772-200-7254</i>																																									
	Business Address <i>DISABLED</i>																																																			
	DOB <i>12/10/1952</i>	Age <i>62</i>	Race <i>W</i>	Sex <i>F</i>	Eth	Hgt <i>504</i>	Wgt <i>130</i>	Hair <i>BRO</i>	Eye <i>BRO</i>	Skin	Driver's License / State. <i>E164481529500 FL</i>																																									
	Scars, Marks, Tattoos, or other distinguishing features																																																			
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2	Name (Last, First, Middle) <i>GOOD SAMARITAN MINISTRs,</i>						Also Known As				Home Address <i>8280 BUSINESS PARK DR PORT ST LUCIE, FL 34952 772-398-0065</i>																																									
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Port St. Lucie Police Department
Waiver of Prosecution

Case Number: 2013-12899

The undersigned, Joy Saleh, does not wish to
(PRINT NAME)
make a formal complaint, nor file any criminal charges against,

Joan Arlene Ervly, and further relieves the Port St.
(PRINT NAME)
Lucie Police Department of any responsibility in this case.

The undersigned further states that he/she has not been promised
anything in return, has not been threatened, and has not received
any monies for refusing to make a formal complaint.

Signature

Joy Saleh

Printed Name of Signor

Joy Saleh

Date

6/19/15

Time

2:00

Witnesses:

Signature of Witness

[Signature] #702

Printed Name of Witness

Off. D. Dalia

Signature of Witness

Printed Name of Witness

Signature of Witness

Printed Name of Witness